FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:42

DOCUMENT # H46743 (1)

1. Corporation Name
THE OMNIA GROUP INCORPORATED

Principal Place of Business	Mailing Address
601 SOUTH BOULEVARD 2 ND FLOOR TAMPA FL 33606-2677 US	P. O. BOX 23205 ~~2ND FLOOR~~ TAMPA FL 33623-3205 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2510186	☐ Applied For ☐ Not Applicable
21	26 P.O. BOX 23205		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired WE REQUIRE 2 ORIGINALS ☒	$8.75 Additional Fee Required X 2
City & State 23	City & State 28 TAMPA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33623-3205 / Country 30 US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REYNOLDS, STEPHEN H. 111 MADISON STREET 23RD FLOOR TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CASWELL, JOHN B.	12 NAME		
STREET ADDRESS	80 ADALIA AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	VST	21 TITLE	V/S/T/D	☐ Change ☒ Addition
NAME	CASWELL, HEATHER L.	22 NAME		
STREET ADDRESS	80 ADALIA AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE	D/AS	Change ☒ Addition
NAME	REYNOLDS, STEPHEN H.	32 NAME		
STREET ADDRESS	215 MADISON ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Heather L. Caswell 15 February '95 8/3 954-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
HEATHER L. CASWELL

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